

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Democratic Party of Wisconsin

Full Name (Last, First, Middle Initial)

## **A. 2nd Congressional District Democratic Party**

Mailing Address W8861 Deer Run Trail

City  
Cambridge

State  
WI

Zip Code  
53523

Purpose of Disbursement  
Membership Dues Share

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 22-01-03013-04717

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

## **B. 3rd Congressional District Democratic Party**

Mailing Address 209 Washington St

City  
Eau Claire

State  
WI

Zip Code  
54701

Purpose of Disbursement  
Membership Dues Share

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 22-01-03014-04718

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

## **C. 4th Congressional District Democratic Party**

Mailing Address 3237 S 57th St

City  
Milwaukee

State  
WI

Zip Code  
53212

Purpose of Disbursement  
Membership Dues Share

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 22-01-03015-04719

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.00

**SUBTOTAL** of Disbursements This Page (optional) .....

20.00

**TOTAL** This Period (last page this line number only) .....